Chapter 14

Reimbursement for Services to Children with Lead Poisoning Enrolled in the Wisconsin Medicaid Program

Content:

In Brief: Billing the Wisconsin Medicaid Program for Public Health Services to Children With Lead Poisoning

Activity	What is Billable	Steps in Billing
Blood Lead Testing	The cost of drawing a blood lead test is considered to be covered under payment for a HealthCheck examination	Child is enrolled in an HMO: the cost for blood lead testing by the LHD is negotiated with the HMO.
	Lab Handling Fee	Child is FFS: a lab handling fee (for packing/transporting the blood sample) can be billed to Medicaid
	Lab Analysis	Only the laboratory performing the analysis can bill for this service. To facilitate payment, the LHD/WIC clinic should fill in the name of the HMO, child's MA number, ICD-9 Code, physician's name, and UPIN on the laboratory submission form.
The following services can be billed when provided to children with a venous BLL $\geq$19μg/dL or 2 BLLs 15-19μg/dL drawn at least 3 months apart		
Environmental Investigation	The investigation of the property inhabited by a child with lead poisoning by a certified risk assessor.	Complete the Environmental Inspection Worksheet to obtain prior authorization (PA) Use procedure code W7083
Nursing Education Visit	A home visit to the home of a child with lead poisoning by a registered nurse. Must be done in conjunction with an environmental investigation. If the nurse is also the risk assessor, the visits must be done on two different dates.	The nursing education visit is covered under the PA for the environmental investigation Use procedure code W7017
Follow-up inspection	Return visit to the investigated property for inspection of the work performed and to obtain clearance dust wipe samples. Must be done in conjunction with an environmental investigation and within 365 days of the initial inspection.	Use procedure code W7084
Targeted Case Management LHD must be approved to provide TCM for Target Group B.	Coordination of service activities only; no direct services are billable. Can be billed in addition to above services.	The following must be documented: assessment, case plan, ongoing monitoring, service coordination

Introduction

The Wisconsin Medicaid Program provides reimbursement to certified HealthCheck providers for services to children enrolled in Medicaid who are tested for lead and to those who are lead poisoned. The process of billing for blood lead testing services depends on whether the child is enrolled in the Medicaid Fee-for-Service (FFS) program or a Health Maintenance or Managed Care Organization (HMO/MCO). The cost of lab analysis of the sample is billable by the analytical laboratory. Follow-up services provided to children with a venous BLL $\geq$ 19μg/dL or 2 BLLs $\geq$15-19μg/dL drawn at least 3 months apart are billable as FFS if the health department is a certified HealthCheck provider. These services include a nursing education visit, one visit by a certified risk assessor for the initial environmental investigation, and a follow-up visit for clearance and collection of dust wipe samples. In addition, Targeted Case Management may be billed for children and families with lead poisoning and complex medical needs.

Medicaid reimbursement is a resource for MA eligible children that should be pursued. As with other funding sources, the state GPR funding for lead poisoning prevention services should be the "payer of last resort" after billing of private insurance and Medicaid has been done.

Detailed information regarding requirements for lead risk assessment, testing for lead poisoning, and reimbursable services can be found in the Wisconsin Medicaid Provider Handbook, Part D, Division 1, Section II or at the Wisconsin Medicaid Program website at www.dhfs.state.wi.us/medicaid2/handbooks/partd_d1/healthcheck.htm#1.

Billing for Blood Lead Testing and Analysis

There is no reimbursement for the time or costs of actually drawing a blood sample from a child enrolled in Medicaid to test for lead. Since a blood lead test is a required component of a HealthCheck examination, the cost for drawing the sample is considered to be covered by the reimbursement for a HealthCheck examination.

An exception to this limit on reimbursement for obtaining a blood lead sample is in the case when the child returns to the LHD to obtain a venous blood lead test following an elevated screening test found at the HealthCheck examination. This visit can be billed as an interperiodic visit.

There is reimbursement for a "Lab Handling Fee", which includes packing and/or transporting the blood sample. Billing for the "Lab Handling Fee" by the HD is allowable if:

- ✓ the child is enrolled as a Fee for Service recipient; and
- ✓ the HD is a certified HealthCheck provider.

A “Lab Analysis Fee” (examining to determine the presence of lead) is billable only by the laboratory doing the analysis of the blood. In most cases, blood samples submitted by HDs are analyzed by the Wisconsin State Laboratory of Hygiene (SLOH). If the child is enrolled in Medicaid FFS, the child’s Medicaid number should be entered on the laboratory submission form to facilitate billing the Wisconsin Medicaid Program for analysis instead of the WCLPPP grant. This allows WCLPPP funding of the State Lab to go further in covering tests for un/under-insured children. For details on information required by the SLOH when billing lab analysis of tests for children enrolled in Medicaid, see www.slh.wisc.edu/ehd/toxicology/procedure.

For children enrolled in Medicaid Managed Care, the cost of drawing a blood lead sample, lab handling fee, and analysis is assumed by the managed care organization (MCO) under the capitated fee paid by the State of Wisconsin for care of Medicaid children. If a contract exists between the HD and the child’s MCO to provide HealthCheck examinations or blood lead testing, the cost for providing these services should be negotiated as part of the contract.

If a blood lead test for a child enrolled in a Medicaid HMO/MCO is submitted by the HD to the SLOH for analysis, the child’s Medicaid number and the name of the managed care organization should be included on the lab requisition form. This information will facilitate SLOH in billing the HMO/MCO for the analysis. If the MCO prefers the use of a lab other than the SLOH, it is up to the LHD to obtain the equipment and forms required by that lab.

Obtaining Prior Authorization

Prior authorization (PA) is required before billing for services provided to a lead poisoned child enrolled in Medicaid. Lead poisoning related services include a nursing education home visit, environmental investigation, and follow-up investigation. Once prior authorization is obtained, all three services can be billed under that PA number. The PA can be backdated for 4 days and is in effect for 365 days after the authorized date. The PA number assigned must be kept and submitted on the claims form. A confirmation by mail will be sent and should be kept as part of the permanent record.

The following steps are taken to obtain prior authorization:

- Complete the Prior Authorization for Environmental Lead Inspection (PA/EI) worksheet. This worksheet serves as documentation and a resource for information when you call for PA. It can be found in the Medicaid Provider Handbook Part D, Div II, Appendix 22 or at www.dhfs.state.wi.us/medicaid6/handbooks/partd_d1/pdfs/appendix22.pdf.
- You may use a touch-tone phone, personal computer, or regular phone via the Help Desk to obtain PA.
  - Dial 1-800-947-1147 if using a touch-tone phone to be connected to the STAT PA system. The automated system will take you through a series of questions in the order that they appear on the PA/EI. Remember to press the

sign after information is given in response to a question. After all information is entered, a period of time elapses before a voice will provide the PA number, the authorized level of service, or a denial.

- To receive PA using a personal computer, you will need the STAT PA software provided free from EDS (call 800-947-1197 or 608-221-2096 to request the software). Follow the user manual to complete the fields requested. Once all data is submitted, transmit to EDS via modem/telephone line (as is done with electronic claims). For submissions call 800-947-4947 or 608-221-1233. An electronic confirmation transaction list appears on the PC screen, identifying what was allowed by the system, the PA number, the authorized level of service, the date the PA was granted, and expiration date. Details of this procedure can be found at www.dhfs.state.wi.us/medicaid6/handbooks/partd_d1/pdfs/appendix23.pdf
- When using a regular phone, call the Help Desk at 800-947-1197 or 608-221-2096. The Help Desk will record the required information for you and provide you with the PA number.

Submitting Claims

Claims for services provided to lead-poisoned MA eligible children are submitted to EDS. The prior authorization number must be included on the claims. The Procedure codes for services associated with lead poisoned children are:

W7017	Nursing Education Visit
W7083	Environmental Inspection
W7084	Follow-up Environmental Inspection
W7071	Targeted Case Management

Phone EDS Billing for the most current allowable rate of reimbursement for these services. They may change at the start of each fiscal year (July 1). WMAP will reimburse for the amount that is submitted or for the current reimbursement rate whichever is less. To assure reimbursement for the entire allowable amount, enter amount requested using dollars and cents ($000.00).

Claims can be submitted up to 365 days from the date of service.

Medicaid Reimbursement for Nursing Education Visits

One home visit by a public health nurse to provide education related to lead poisoning is a reimbursable service for children with one venous BLL $\geq$ 19μg/dL or 2 BLLs $\geq$15-19μg/dL drawn at least 3 months apart. An interperiodic visit may also be billed if the child is provided services by the health department as a result of blood lead levels in this range. An example would be if the HD provided further

developmental or behavioral assessment, or nutrition counseling because of the elevated blood lead result drawn during a HealthCheck examination.

The nursing education visit and the environmental investigation cannot be done on the same day by the same person. If the certified risk assessor is also a public health nurse, the two services must be provided on different dates. The PA number for the environmental investigation must be submitted along with the request for reimbursement for the nursing education visit.

Medicaid Reimbursement for Environmental Investigations

An environmental investigation of the home of a lead poisoned child is reimbursable through MA if:

- ✓ the child's blood lead level is a venous BLL $\geq$ 19μg/dL or 2 BLLs of 15-19μg/dL drawn at least 3 months apart;
- ✓ a certified risk assessor performs the service; and
- ✓ prior authorization is received. If the first test was a capillary of $\geq$20μg/dL, the request for prior authorization can be initiated while a venous sample is being obtained for confirmation.

The environmental investigation (risk assessment) includes identifying lead hazards, ordering lead hazard reduction, and a follow-up investigation to assure that lead hazards were treated properly.

The follow-up investigation must also be performed by a certified risk assessor and is billed separately from the initial investigation (see above for procedure codes). The follow-up investigation must occur within 365 days of the date of the prior authorization.

Medicaid Reimbursement for Targeted Case Management

The WCLPPP considers that the assessment and coordination of services provided to a lead poisoned child are covered by the definition and assessment required for reimbursement for Medicaid Targeted Case Management (MTCM). A side-by-side comparison of Nursing Services to Lead Poisoned Children and MTCM can be found at the end of this chapter.

MTCM is a reimbursable service provided for children with a venous BLL $\geq$ 19μg/dL or 2 BLLs of 15-19μg/dL drawn at least 3 months apart. As defined by statute, MTCM services "assist recipients and, when appropriate, their families *gain access* to and *coordinate* a full array of services, including medical, social, educational,

vocational, and other services."[1] While a case manager may be coordinating as well as providing services, *no direct services are included in billable time for case management.* In the case of lead poisoned children, several of the direct services that are required (nursing education visit, environmental investigation and follow-up) can be billed separately. Thus, a health department can bill for these one time services, as well as the time it takes in coordinating the complex needs of lead poisoned children and their families.

MTCM includes the components of assessment, case plan development, and ongoing monitoring and service coordination. In addition, there are specific activities performed by case managers that are required by or covered under MTCM. These are described briefly below.

WCLPPP has worked with the Wisconsin Medicaid program to assure that the information collected on the WCLPPP reporting forms for cases fulfills the documentation needs for MTCM. To provide complete documentation of MTCM for a lead poisoned child, also complete the Medicaid Targeted Case Management Face Sheet - Childhood Lead Poisoning (4771AB) that can be found at the end of this chapter. The face sheet does not have to be returned to WCLPPP.

Components of MTCM

Assessment & Case Plans

An assessment and case plan must be completed prior to approval of reimbursement of ongoing monitoring and service coordination activities. The required components of the comprehensive assessment are precisely articulated in Part D Div II of the Medicaid Provider Handbook (www.dhfs.state.wi.us/medicaid2/handbooks/partd_d1/healthcheck.htm#1). Any assessment tool can be used as long as all required components are addressed. WCLPPP has collaborated with WMAP to include components that must be documented for MTCM on the regular WLPPP Case Reporting form (DPH 40771A). An additional face sheet was developed (DPH40771AB) that can be filled out by LHDs wishing to bill for MTCM to complete documentation of the required assessment. This face sheet should not be turned into WCLPPP, but kept with the child's record for reference and auditing purposes. Both of these forms can be found and printed from Chapter 14, Forms.

Other items to be aware of about the assessment and case planning for MTCM include:

- MTCM covers the time of all individuals participating in the assessment and case planning who meet requirements stated in the handbook.
- If emergency case management is necessary, WMAP can be billed for MTCM for up to 30 days prior to completion of an assessment or case plan. The emergency nature of the case must be documented in the recipient's record.
- Two comprehensive assessments or case plan developments are allowed per recipient per calendar year. A new assessment and/or case plan may be

[1] HFS 107.32(1)(a), Wis. Admin Code

required due to changing recipient or family needs, or because of a change of county residence. The record must indicate the rationale for a new assessment.

Ongoing Monitoring and Service Coordination
Ongoing evaluation consists of a regular review of the case plan and/or the recipient's status. Only a single designated case manager can do ongoing evaluation and service coordination, and receive reimbursement.

- Monitoring and service coordination include activities to mobilize support services, advocating for the child, educating about the child's needs, and evaluating and coordinating services specified in the plan
- Every month, the case manager must have: 1) a face-to-face **or** telephone contact with the recipient/family/collateral, **or** 2) a written contact with a collateral. For lead poisoned children, a collateral may be the child's parents/guardians, landlord, teachers/daycare providers, WIC or other nutritionists, or physician. It may also include any contractor providing lead hazard reduction work on the house, agencies to assist in financing the reduction activities, or social service agencies. The case manager must document the rationale if the meeting or contact is less frequent than this.
- Every 3 months the case manager must document the occurrence of at least one face-to-face meeting with the recipient/family or a collateral. The case manager must document the rationale if the face-to-face meetings are less frequent than this.
- Examples of ongoing evaluation and service coordination for children with lead poisoning include:
  - ✓ assuring access to venous follow-up blood lead testing;
  - ✓ monitoring blood lead test results;
  - ✓ communication with the primary health care provider;
  - ✓ monitoring adherence to chelation protocol;
  - ✓ evaluating progress and success of lead hazard reduction orders;
  - ✓ success and quality of referrals for nutrition and educational support services; and
  - ✓ meetings between lead poisoning prevention team members to discuss cases.

Record Keeping
All time involved in documentation or record keeping necessary for case planning, coordination, and service monitoring are covered by MTCM. For lead poisoned children, this includes:

- ✓ recording blood lead levels;
- ✓ updating case plans;
- ✓ communication with the child's physician;
- ✓ documentation of lead hazard reduction activities;
- ✓ entering notes about case activity;
- ✓ preparing and responding to correspondence with recipients and collaterals; and
- ✓ gathering data

COMPARISON OF CASE MANAGEMENT COMPONENTS	
Medicaid Targeted Case Management	Case Management: Lead Poisoned Children
". . . case management services assist recipients and, when appropriate, their families gain access to and coordinate a full array of services, including medical, social, educational, vocational, and other services." (U2-001) **Who is eligible?** Children with a BLL ≥20μg/dL or 2 BLLs of 15-19μg/dL at least 3 months apart. This category is Target Group B, Families with a Child at Risk of Physical, Mental or Emotional Dysfunction. **What Does Case Management Include?** Assessment Case plan development Ongoing monitoring and service coordination	" . . . Case management of a child with lead poisoning incorporates a focused and concentrated set of actions." **Who is eligible?** The Consolidated Contract requires case management for all children with a confirmed venous BLL ≥20μg/dL or 2 venous BLLs of 15-19μg/dL at least 90 days apart.. Case management may be appropriate for any child with a BLL ≥10μg/dL with complex medical, nursing, social, and/or financial needs that may influence the recovery from lead poisoning. **What Does Case Management Include?** Educating the family Assessing the child Identifying Needed Services Coordinating Services Evaluation of Care
ASSESSMENT " . . . a written comprehensive assessment of a person's abilities, deficits, and needs." (U2-006) Components:* Identifying information Record of physical and dental health assessments Review of ability to carry out ADLs Social interactive skills and activities Psychiatric/mental/emotional status assessment Identify social relationships/support & emotional status Description of physical environment Financial resource analysis Recipient's need for housing Vocational, educational status & daily structure Assistance with decision making Legal status, if appropriate M-team evaluation, if appropriate Access to community resources Assessment of AODA (if dependent) Assessment of needs of other children in family Assess needs of primary caregivers if cause risk to the child Assess family functioning as a system as it impacts the child *Note: assessments must be interpreted in terms of the child's needs. (U2-009), such as lead exposure and lead poisoning. It is acceptable to document the assessment as being not applicable to the child (for example, component 11, 12, or 14) When Done: Before billing of ongoing monitoring/service coordination. Two comprehensive assessments per child/year can be billed. Who Can Bill: The time of all individuals participating in the assessment who meet the requirements can be billed.	**ASSESSMENT** " . . .The assessment of the child encompasses both the child's physical and social environment, the growth and development of the child, the child's behavior and the risk it may pose in the presence of lead hazards, actual changes in the child due to lead toxicity, and the presence of risk factors for lead poisoning." In parenthesis next to the components are the corresponding components of MTCM that may be met through this activity. Components Assessment of Health Status (2) Developmental and Behavioral Assessment (3,4,5,6,10) Nutrition Assessment (2) Assessment of Risk Factors for Lead Exposure (7, 9, 15, 17) When Done: At home visits by nursing staff. The BLL would dictate the urgency of the visit. Documentation of the visit is due to the Department of Health and Family Services (DHFS) within 60 days of the confirmed EBLL.

COMPARISON OF CASE MANAGEMENT COMPONENTS	
Medicaid Targeted Case Management	Case Management: Lead Poisoned Children
CASE PLAN DEVELOPMENT "Following the assessment . . . the case manager develops a written plan of care (case plan) to address the recipient's needs and to enable the recipient to live in the community." (U2-010) <u>Components</u> Problems identified during the assessment Goals to be achieved Identification of all formal services arranged for the recipient Development of a support system, formal & informal Identification of those participating in case plan development Schedules of initiation & frequency of services Documentation of unfulfilled needs and gaps in service <u>When Done</u> At a minimum, the case plan must be reviewed by the case manager every 6 months. The need for more frequent reviews must be documented in the case plan. <u>Who May Bill</u> If the family has multiple case managers, the case plan must identify how the activities of each will be coordinated to prevent duplication Only one designated case manager is responsible for the case plan and must perform the reviews.	**IDENTIFY NEEDED SERVICES** " From the assessment, a plan of care is developed in which actions and services are identified that are needed by the family to treat the lead poisoning." <u>Components</u> Develop a plan of care Refer to community resources Advocate for the child and family <u>Providing Direct Services is not an Allowable Cost</u> Direct services to a lead poisoned child <u>are not</u> reimbursable under targeted case management. Examples include: ✓ Medical examination (HealthCheck) ✓ Providing education (billed as Fee-for-service) ✓ Environmental investigation & follow-up (billed as Fee-for-service) ✓ Drawing of blood samples Service Provision that is allowable is: ✓ Administration of the DDST or other developmental test is allowable under "Assessment". ✓ Monitoring the timeliness of blood lead draws and other diagnostic tests, as well as completion of environmental investigation & lead hazard reduction is allowable under "Ongoing Monitoring & Service Coordination"
ONGOING MONITORING & SERVICE COORDINATION "The ongoing evaluation is the review and/or evaluation of the case plan or the recipient's status and must be performed by the single designated case manager" (U2-005) <u>Components</u> Determine which services identified in the case plan have been or are being delivered Determine if services are adequate for the recipients needs. Provide supportive contact to ensure access to services and ability to participate in case plan Monitors client and family satisfaction and participation Identify any change in client's condition requiring adjustment to the plan. To assure quality assurance of services provided, the case manager will: ✓ Monitor and periodically observe services to ensure quality and meeting of client's needs ✓ Have the recipient evaluate the services ✓ Document all monitoring and QA activities in client's file <u>Frequency of Monitoring</u> Face-to-face contact with recipient and/or family every 3 months Face-to-face contact or telephone contact with recipient and/or family every month OR Face-to-face, telephone, or written contact with a collateral every month The case manager must document the rationale for less frequent contact.	**COORDINATION OF SERVICES & EVALUATION OF CARE** ". . . The case manager . . . provide(s) emotional support; assure(s) effective communication between those participating in the treatment of lead poisoning, referring and coordinating services identified by and for the family." ". . . Evaluation is ongoing during case management and includes monitoring the chld's response to treatment, as well as progress towards the desired outcomes." <u>Components</u> Supporting the family Communication among multi-disciplinary team members Monitoring health status Measuring Outcome Achievement